



## Uniform Formulary Medical Necessity Criteria for Tadalafil (Adcirca)

**Drug Class** – PDE-5 for Pulmonary Arterial Hypertension (PAH)

**Background** – After evaluating the relative clinical and cost effectiveness of medications in this class (the Narcotic Analgesics), the DoD P&T Committee recommended that Adcirca be designated as non-formulary. This recommendation has been approved by the Director, TMA.

**Effective Date:** 14 April 2010

Patients currently using a nonformulary PDE-5 for pulmonary arterial hypertension may wish to ask their doctor to consider a formulary alternative.

### Uniform Formulary Status, Cost shares, and Therapeutic Alternatives for PDE-5s for PAH

Uniform Formulary Status	Medication	MTF (up to a 90 day supply)	TMOP (up to a 90 day supply)	Retail (up to a 30-day supply)
Non-Formulary (Tier 3)	Adcirca (tadalafil)	Not available <sup>2</sup>	Non-Formulary cost share applies	Non-Formulary cost share applies
Formulary: Brand Name (Tier 2)	Revatio (sildenafil)	\$0	Formulary (Brand) cost share applies	Formulary (Brand) cost share applies
Formulary: Generic (Tier 1)	None	\$0	Generic cost share applies	Generic cost share applies

ER = extended release

1. Active duty cost share always \$0 in all points of service for all three tiers; Active duty cost share always \$0 in all points of service for all three tiers; TRICARE does not cover non-formulary medications for active duty service members unless they are determined to be medically necessary.
2. MTFs will be able to fill non-formulary requests for non-formulary medications only if both of the following conditions are met: 1) a MTF provider writes the prescription, and 2) medical necessity is established for the non-formulary medication. MTFs may (but are not required to) fill a prescription for a non-formulary medication written by a non-MTF provider to whom the patient was referred, as long as medical necessity has been established.

## Medical Necessity Criteria

The non-formulary cost share for Adcirca may be reduced to the formulary cost share if the patient meets any of the following criteria:

1. Use of Revatio (sildenafil) is contraindicated (e.g., due to hypersensitivity to a dye or other inert ingredient) and treatment with Adcirca is not contraindicated.
2. The patient has experienced serious adverse effects from Revatio (Sildenafil).
3. Use of Revatio (sildenafil) has resulted in therapeutic failure.

Medical necessity criteria for Adcirca recommended by the DoD Pharmacy & Therapeutics Committee at the November 2009 meeting and approved by the Director, TMA on 4 February 2010. For more information, please see the November, 2009 [DoD P&T Committee minutes](#).

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